SENDER: COMPLETE THIS SECTION RW	OCCUPEETE THIS SECTION ON DELIVERY 06 Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
United States District Court Southern District of Mississippi P.O. Box 23552	2:06CV 24-MET- entire file
Jackson, MS 39225-3552	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Adiabable of	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service lat. 7005 1820	0002 3461 4759
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

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